

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE: **SAMUEL VALENTIN VEGA**

**EILEEN MONSERRATE ROSA**

XX-11 calle Montemimosa, Manati, PR 00674

DEBTOR(S) SSN: XXX-XX-9399 SSN: XXX-XX-0653

BK. CASE # 09-06548

ESL

CHAPTER 13

CHAPTER 13 PAYMENT PLAN

**NOTICE:** \* The following plan contains provisions which may significantly affect your rights. You should read this document carefully and discuss it with your attorney. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing with the Court and served upon the debtor(s), debtors' counsel, the Trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. For post confirmation Plan Modifications, objections must be filed and notified in the same manner within twenty (20) days from its notification. \* See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution.

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee:  
☐ directly ☐ by payroll deductions, as hereinafter provided in the PAYMENT PLAN SCHEDULE.  
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.  
☒ 3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED:

☒ PRE ☐ POST-CONFIRMATION

☒ AMENDED PLAN DATED: 3/23/2010

FILED BY ☒ DEBTOR ☐ TRUSTEE ☐ UNSECURED CREDITOR

I. PAYMENT PLAN SCHEDULE

\$ 150.00 x 7 = \$ 1,050.00  
\$ 200.00 x 53 = \$ 10,600.00  
\$ x = \$  
\$ x = \$  
\$ x = \$  
TOTAL = 60 \$ 11,650.00

Additional Payments:

\$ to be paid as a LUMP SUM  
within with proceeds to come from

☐ Sale of property identified as follows:

☐ Other:

Periodic Payments to be made other than and in addition to the above.

\$ x = \$

To be made on:

PROPOSED PLAN BASE: \$ 11,650.00

II. ATTORNEY'S FEES

To be treated as a § 507 Priority, and paid before any other creditor and concurrently with the Trustee's fees, unless otherwise provided:

a. Rule 2016(b) Statement: \$ 3,000.00

b. Fees Paid (Pre-Petition): (\$ 426.00)

c. R 2016 Outstanding balance: \$ 2,574.00

d. Post Petition Additional Fees: \$

e. Total Compensation: \$ 3,000.00

Signed: /s/ SAMUEL VALENTIN VEGA

DEBTOR

/s/ EILEEN MONSERRATE ROSA

JOINT DEBTOR

/s/ JUAN O. CALDERÓN LITHGOW

BY: ATTORNEY

II. DISBURSEMENT MADE IN THE FOLLOWING ORDER AND AFTER ADMINISTRATIVE EXPENSES

A. SECURED CLAIMS: ☐ Debtor represents that there are no secured claims.

☒ Secured creditors will retain their liens and shall be paid as follows:

1. ☐ ADEQUATE PROTECTION Payments: Cr. \$

2. ☒ Trustee will pay secured ARREARS:

|                        |                  |                       |
|------------------------|------------------|-----------------------|
| Cr. RELIABLE FINANCIAL | Cr. DORAL BANK   | Cr. MUEB BERRIOS      |
| Acct. 508-573724       | Acct. 9100006027 | Acct. xx-40-015801-02 |
| \$ 1,254.45            | \$ 2,634.39      | \$ 146.14             |

3. ☐ Trustee will pay REGULAR MONTHLY PAYMENTS:

|                        |                        |                        |
|------------------------|------------------------|------------------------|
| Cr. _____              | Cr. _____              | Cr. _____              |
| Acct. _____            | Acct. _____            | Acct. _____            |
| Monthly Pymt. \$ _____ | Monthly Pymt. \$ _____ | Monthly Pymt. \$ _____ |

4. ☐ Trustee will pay IN FULL Secured Claims:

|           |           |           |
|-----------|-----------|-----------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| \$ _____  | \$ _____  | \$ _____  |

5. ☐ Trustee will pay VALUE OF COLLATERAL:

|           |           |           |
|-----------|-----------|-----------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| \$ _____  | \$ _____  | \$ _____  |

6. ☐ Secured Creditor's interest will be insured. INSURANCE POLICY will be paid through plan:

|           |                |                   |
|-----------|----------------|-------------------|
| Cr. _____ | Ins. Co. _____ | Premium: \$ _____ |
|-----------|----------------|-------------------|

(Please indicate in "Other Provisions" the insurance coverage period)

7. ☒ Debtor SURRENDERS COLLATERAL TO Lien Holder: Shares to COOP MANATI

8. ☒ Debtor will maintain REGULAR PAYMENTS DIRECTLY to:

DORAL FINANCIAL CORP.

B. PRIORITIES. The Trustee will pay §507 priorities in accordance with the law [§1322 (a)(2)].

☒ DEPT HACIENDA

C. UNSECURED PREFERRED: Plan ☐ Classifies ☐ Does not Classify Claims.

|                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Class A-  | <input type="checkbox"/> Co-debtor Claims: | <input type="checkbox"/> Pay 100% / <input type="checkbox"/> "Pay Ahead". |
| <input type="checkbox"/> Class B-  | <input type="checkbox"/> Other Class:      |   |
| <input type="checkbox"/> Cr. _____ | <input type="checkbox"/> Cr. _____         | <input type="checkbox"/> Cr. _____  |
| \$ _____                           | \$ _____                                   | \$ _____  |

D. GENERAL UNSECURED NOT PREFERRED: (Case Liquidation Value = \$ 0.00)

☐ Will be paid 100% plus \_\_\_\_\_ % Legal Interest ☒ Will be paid Pro-Rata from any remaining funds

OTHER PROVISIONS:

DEBTORS WILL PAY TO THE TRUSTEE ANY TAX REFUND FROM DEPARTAMENTO DE HACIENDA DURING THE LENGTH OF PLAN. CRIM SECURED CLAIM PAID IN THE PLAN